CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges. S	See Invoice for actual schedule and charges.
1, CHRIS BRUNS	, hereby request station time as follows:
,	,,,,,
FEDE	RAL CANDIDATE
IDENTIFY CANDIDATE TYPE STATE	OR LOCAL CANDIDATE
ALL QUESTIONS/BLOCK	S MUST BE COMPLETED
Candidate name:	
CHRIS BRUNS	
Authorized committee:	
CHRIS BRINS FOR LEC	1<1 AT. DE
Agency requesting time (and contact information):	a Sea raise
N/A	
Security of the security of th	
Candidate's political party:	
NON-PARTISAN	
Office sought (no acronyms or abbreviations):	
NEBRASKA LEGIS LATURE Date of election:	- DISTRICT 42
Date of election: 5/10/22	General Primary
Treasurer of candidate's authorized committee:	
4	
ASHLEY BRUNS	
The undersigned represents that:	
(1) the payment for the broadcast time requested has been fur	nished by (check one box below):
the candidate listed above who is a legally qualified car	ndidate, or
the authorized committee of the legally qualified candid	date listed above;
(2) this station is authorized to announce the time as paid for b	y such person or entity; and
(3) this station has disclosed its political advertising policies, inc	luding applicable classes and rates, discount, promotion
and other sales practices (not applicable to federal candidat	tes).
THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISC	RIMINATION ON THE BASIS OF RACE OR ETHNICITY
IN THE PLACEMENT OF ADVERTISING.	
Candidate/Committee/Agency	Station Representative
Signature:	Signature:
	in the contract of the contrac
Name: CHRISTOPHER D. BRUNS	Name: mantha lunewitz
Date of Request to Purchase Ad Time: 4/1/1/	Date of Station Agreement to Sell Time: 4/07/03

Federal Candidate Certification: The undersigned hereby certifies that the broadcast matter to be aired pursuant to this disclosure either (1) does not refer to an opposing candidate or, if it does, (2) contains a clearly identifiable photograph or similar image of the candidate for a duration of at least four seconds and a simultaneously displayed printed statement identifying the candidate, that the candidate approved the broadcast and that the candidate and/or the candidate's authorized committee paid for the broadcast or if radio programming, contains a personal audio statement by the candidate that identifies the candidate, the office being sought and that the candidate has approved the broadcast. Candidate/Authorized Committee/Agency Signature: Name: Date: TO BE COMPLETED BY STATION ONLY Ad submitted to Station? Yes Date ad received: __ No Note: Must have separate PB-19 Forms for each version of the ad (i.e., for every ad with differing copy). No N/A Federal candidate certification signed (above): Yes Disposition: Accepted Accepted IN PART (e.g., ad copy not yet received to determine sponsor ID)* Rejected - provide reason: *Upload partially accepted form, then promptly upload updated final form when complete. Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag): Date Received/Requested: Contract #: Run Start and End Dates: Est. #: Station Location: Upload order, this form and invoice (or traffic system print-out) or other documents reflecting this transaction to the OPIF or use this space to document schedule of time purchased, when spots actually aired, the rates charged and the classes of time purchased or attach separately. If station will not upload the actual times spots aired until an invoice is generated, the name of a contact person who can provide that information immediately should be placed in the "Terms and Disclosures" folder in the OPIF.

Sales Order

Stations:	KHAQ-FM, KOD)Y-AM, KXNP-F	M	Buyer:			
Contract Name:	Chris Bruns 4	21 22		Tax Schedule:		(N	lone)
Contract#:			63572	Agency Commis	ssion %:		
	4/28/22			Billing Cycle:	Calendar		
Revenue Type:	Local Political					Comm %:	
Advertiser:	Chris Bruns for I	Legislature		Makegood Polic	y: Within Contract	t Dates	
Address:	P.O. Box 2286						
City:	North Platte	State: NE Zip:	69103				
Product Name:	Chris Bruns for	Legislati					
Competitive Code	e: Political						

KHAQ-FM

No	DATES		Alt	TIM	LEN	DISTRIBUTION									RATE	TOTALS		PTY	
INO	START	END	wks	START	END	LEIN	М	Т	W	Т	F	SA	SU	Per Wk	D/W	KAIE	SPOTS	\$\$	PIT
1	4/28/22	5/10/22		12:00 PM	1:00 PM	30	1	1	1	1	1			5	D	9.00	9	81.00	3
2	4/28/22	5/09/22		12:00 AM	12:20 AM	30	1	1	1	1	1	1		6	D	4.00	10	40.00	3
3	4/28/22	5/09/22		5:00 AM	12:00 AM	30	4	4	4	4	4	4		24	D	1.50	40	60.00	3

TOTAL GROSS \$181.00, NET \$181.00

KODY-AM

No	DATES		Alt	TIMES		LEN		DISTRIBUTION								RATE	TOTALS		PTY
INO	START	END	wks	START	END	LEIN	М	Т	W	Т	F	SA	SU	Per Wk	D/W	KAIL	SPOTS	\$\$	FIT
1	4/28/22	5/10/22		6:00 AM	10:00 AM	30	1	1	1	1	1			5	D	9.00	9	81.00	3
2	4/28/22	5/09/22		6:00 AM	8:00 PM	30	7	7	7	7	7	11.750000		35	D	5.00	56	280.00	3
3	5/10/22	5/10/22		6:00 AM	7:00 PM	30		7						7	D	7.00	7	49.00	3

TOTAL GROSS \$410.00, NET \$410.00

KXNP-FM

Na	DATES		Alt	TIMES		LEN	DISTRIBUTION									RATE	TOTALS		PTY
No	START	END	wks	START	END	LEIN	М	Т	W	Т	F	SA	SU	Per Wk	D/W	NATE	SPOTS	\$\$	£ 1.1
1	4/28/22	5/10/22		6:00 AM	10:00 AM	30	1	1	1	1	1			5	D	12.00	9	108.00	3
2	4/28/22	5/09/22		6:00 AM	8:00 PM	30	5	5	5	5	5			25	D	7.00	40	280.00	3
3	5/10/22	5/10/22		6:00 AM	7:00 PM	30		7						7	D	8.00	7	56.00	3

TOTAL GROSS \$444.00, NET \$444.00

Billing Projections: By Month

Apr 22 May 22 CA 230.00 805.00 ST 0.00 1,035.00

Print Spot Prices	TOTAL SPO	TS		187
	GROSS TOT	AL\$		1,035.00
	ADJUSTED:	SPOTS .		187
	ADJUSTED '	TOTAL \$		1,035.00
	APPROVE	DECLINE		
			General Manager	
			Sales Manager	
	\bigcirc	\bigcirc	1520slun, 04/27/22 @12:56PM	